



King County

Residential Sewer Use Certification Sewage Treatment Capacity Charge

- To be completed for all new sewer connections, re-connections, or change of use of existing connections.
- This form does not apply to repairs or replacements of existing sewer connections within five years of disconnect.

Please Print or Type

Property Street Address _____

City _____ State _____ ZIP _____

Owner's Name _____

Owner's Mailing Address _____

City _____ State _____ ZIP _____

Owner's Phone Number (with Area Code) _____

Property Contact Phone Number (with Area Code) _____

Party to be Billed (if different than Owner):

Name _____

Street Address _____

City _____ State _____ ZIP _____

Please check appropriate box:

- | | Residential Customer
Equivalent (RCE) |
|---|--|
| <input type="checkbox"/> Single-family (free standing, detached only) | 1.0 |
| Multi-Family (any shared walls): | |
| <input type="checkbox"/> Duplex (0.8 RCE per unit) | 1.6 |
| <input type="checkbox"/> 3-Plex (0.8 RCE per unit) | 2.4 |
| <input type="checkbox"/> 4-Plex (0.8 RCE per unit) | 3.2 |
| <input type="checkbox"/> 5 or more (0.64 RCE per unit) | |
| No. of Units _____ x 0.64 = | <input type="text"/> |
| <input type="checkbox"/> Mobile home space (1.0 RCE per space) | |
| No. of Spaces _____ x 1.0 = | <input type="text"/> |

If Multi-family, will units be sold individually? ☐ Yes ☐ No

If yes, will this property have a Homeowner's Association? ☐ Yes ☐ No

Pursuant to King County Code 28.84, all sewer customers who establish a new service which uses metropolitan sewage facilities shall be subject to a capacity charge. The amount of the charge is established annually by the Metropolitan King County Council as a rate per month per residential customer or residential customer equivalent for a period of fifteen years. The purpose of the charge is to recover costs of providing sewage treatment capacity for new sewer customers. All future billings can be prepaid at a discounted amount.

Questions regarding the capacity charge or this form should be referred to King County Wastewater Treatment Division at 206-684-1740.

I certify that the information given is correct. I understand that the capacity charge levied will be based on this information and any deviation will require resubmission of corrected data for determination of a revised capacity charge.

Signature of Owner/Representative _____ Date _____

Print Name of Owner/Representative _____

For King County Use Only

Account # _____

No. of RCEs _____

Monthly Rate _____

Sewer District / Agency Contact & Phone Number _____

Date of Sewer Connection _____

Side Sewer Permit Number _____

Required: Property Tax Parcel Number

Subdivision Name _____ Subdivision Number _____

Lot Number _____ Block Number _____

Building Name _____

Please report any demolitions of pre-existing building on this property. Credit for a demolition may be given under some circumstances.

Demolition of pre-existing building? ☐ Yes ☐ No

Was building on Sanitary Sewer? ☐ Yes ☐ No

Was Sewer connected before 2/1/90? ☐ Yes ☐ No

Sewer disconnect date: _____

Type of building demolished? _____

Request to apply demolition credit to multiple buildings?

☐ Yes ☐ No

Non-Residential Sewer Use Certification

- To be completed for all new sewer connections, reconnections or change of use of existing connections.
- This form does not apply to repairs or replacements of existing sewer connections within five years of disconnect.

Please Print or Type

Property Street Address _____

City _____ State _____ ZIP _____

Owner's Name _____

Subdivision Name _____ Lot # _____

Subdiv. # _____ Block # _____

Building Name _____
(if applicable)

(_____) _____
Owner's Phone Number (with Area Code)

(_____) _____
Property Contact Phone Number (with Area Code)

Owner's Mailing Address _____

A. Fixture Units

Fixture Units x Number of Fixtures = Total Fixture Units

Kind of Fixture	Fixture Units		No. of Fixtures		Total Fixture Units
	Public	Private	Public	Private	
Bathtub and Shower	4	4			
Shower, per head	2	2			
Dishwasher	2	2			
Drinking fountain (each head)	1	.5			
Hose bibb (interior)	2.5	2.5			
Clotheswasher or laundry tub	4	2			
Sink, bar or lavatory	2	1			
Sink, Clinic flushing	8	8			
Sink, kitchen	3	2			
Sink, other (service)	3	1.5			
Sink, wash fountain, circle spray	4	3			
Urinal, flush valve, 1 GPF	5	2			
Urinal, flush valve, >1 GPF	6	2			
Urinal, waterless	0	0			
Water closet, tank or valve, 1.6 GPF	6	3			
Water closet, tank or valve, >1.6 GPF	8	4			
Total Fixture Units					

Residential Customer Equivalent (RCE)
20 fixture units equal 1.0 RCE

Total No. of Fixture Units = _____ RCE
20

For King County Use Only

Account # _____

No. of RCEs _____

Monthly Rate _____

Property Tax ID # _____

Party to be Billed (if different from owner) _____

City or Sewer District _____

Date of Connection _____

Side Sewer Permit # _____

Please report any demolitions of pre-existing building on this property.
Credit for a demolition may be given under some circumstances.

Demolition of pre-existing building? ☐ Yes ☐ No

Was building on Sanitary Sewer? ☐ Yes ☐ No

Was Sewer connected before 2/1/90? ☐ Yes ☐ No

Sewer disconnect date: _____

Type of building demolished? _____

Request to apply demolition credit to multiple buildings? ☐ Yes ☐ No

B. Other Wastewater Flow

(in addition to Fixture Units identified in Section A)

Type of Facility/Process: _____

Estimated Wastewater Discharge: _____

Gallons/days

Residential Customer Equivalents (RCE):
187 gallons per day equals 1.0 RCE

Total Discharge (gal/day) = _____ RCE
187

C. Total Residential Customer Equivalents: (add A & B)

A _____
+ _____
B _____
= _____ RCE

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Signature of Owner/Representative _____ Date _____

Print Name of Owner/Representative _____